Food and Drug Administration Center for Food Safety and Applied Nutrition Office of Special Nutritionals

ARMS#

11915



1 - AFFIDAVITS

AFFIDAVIT		SAMPLE NO.
ATE COUNTY OF	-	
fore me, Michael V. Owens, an em	plovee of the Departm	lent of Health and Human Services,
and Drug Administration, designated by the Secretary, under authorized	ority of the Act of Jar	nuary 31, 1925, 43 Statutes at Large
3 (5 U.S.C. 521); Reorganization Plan No. IV, Secs. 12-15, effective Jo. effective April 11, 1953, to administer or take oaths, affirmations, a	une 30, 1940; and Rec	organization Plan No. 1 of 1953, Secs.
in the county and State aforesaid, who, being	duly sworn, deposes a	nd says:
My Name is		, ,
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ub	(City and State)	000002
his 29 th day of July ,19	97.	1
	n la haol	V. Cholma
	(Emplo	yee's Signature)
Employee of the Department of Health and Human Services designated under Ac	ct of January 31, 1925, R	eorganization Plan IV effective June 30,
940; and Reorganization Plan No. 1 of 1953, effective April 11, 1953.		